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PRINTED: 02/21/2013

DEPAR	RTMENT OF HEALTH	I AND HUMAN SERVICES	11-th	- 1111.113		D: 02/21/2013 MAPPROVED
CENTE	RS FOR MEDICARE	& MEDICAID SERVICES	12	4/11/13		0. 0938-0391
AND STAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER:	(XZ) MU	LTIPLE CONSTRUCTION	(X3) DATE (
			A. BUILI	DING 01 - MAIN BUILDING 01	COMPL	ETED
<u> </u>		445390	B. WING	·	ሰ 2/-	19/2013
NAME OF	PROVIDER OR SUPPLIER		[STREET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	1014010
PICKET	T CARE AND REHABI	LITATION CENTER	i	129 HILLCREST DRIVE		
(X4) ID	SUMMADVICTA	TEMENT OF DEFICIENCIES	,	BYRDSTOWN, TN 38549		
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETION DATE
K 062 SS≃D		FETY CODE STANDARD	K 06	2 K062		
	continuously mainta condition and are in	sprinkler systems are ined in reliable operating spected and tested 6, 4.6.12, NFPA 13, NFPA		Corrective Actions While the evidence documentat missing during the survey, copie quarterly sprinkler inspections (amentioned on the 2567) were replaced in the maintenance log, a	s of as covered, and faxed	
	This STANDARD is not met as evidenced by: Based on records review, it was determined the facility failed to properly inspect and test the sprinkler system as required. The findings included:			to the Fire Marshall by the Main Supervisor on 2/19/13. An obstruction investigation of the sprinkler system is scheduled to conducted by Century Fire on 3/2	tigation of the the	
-	1. Records review or revealed the facility of sprinkler inspections quarters of 2012. 2. Records review or revealed the facility of documentation of the investigation. These findings were	or 2/19/13 at 10:55 AM was missing quarterly from the second and fourth or 2/19/13 at 10:58 AM failed to provide or five year obstruction acknowledged by the or and the facility administrator		Measures to prevent reoccurrer As a means of documentation ba Century Fire has provided a web available inspection records. In a a scanned electronic copy of the Maintenance logs will be kept on business office computer. A calendar trigger was placed on business office computer by the Administrator on 3/7/13 to remin Maintenance when obstruction	ick up, site of addition, the the	
K 066 SS=D	NFPA 101 LIFE SAF Smoking regulations less than the followin (1) Smoking is prohit compartment where combustible gases, cand in any other haza	ery code standard are adopted and include no ig provisions: bited in any room, ward, or flammable liquids, or oxygen is used or stored ardous location, and such	K 066	investigations are due for schedu Scheduling will be done by the maintenance supervisor. Monitoring of Corrective Action: As a means of Quality Assurance to Maintenance Supervisor will repo sprinkler and alarm safety finding Safety Committee.	the irt	
BORATORY	DIRECTOR'S OR PROVIDE	R/SUPPLIER REPRESENTATIVE'S SIGN	ATURE	A TITLE		(X8) DATE
		<u> </u>		Holmin strator	-	3/8/13

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide afficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

I	AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER:	(X2) A A. BU		IPLE CONSTRUCTION	(X3) DATE S	URVEY ETEO
l		٤	_			** ************************************		
NAME OF PROVIDER OR SUPPLIER			D. VVII	B. WING 02				
PICKETT CARE AND REHABILITATION CENTER					1	REET ADDRESS, CITY, STATE, ZIP CODE 29 HILLCREST DRIVE 3YRDSTOWN, TN 38549	-	
	(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	lΧ	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
	K 066	area is posted with or with the internation (2) Smoking by pattersponsible is prohibited supervision. (3) Ashtrays of non-design are provided permitted. (4) Metal containers devices into which a	signs that read NO SMOKING onal symbol for no smoking. lents classified as not ibited, except when under combustible material and safe in all areas where smoking is swith self-closing cover ashtrays can be emptied are all areas where smoking is	K	066	K 066 Corrective Actions for resider A metal container with self-cle purchased and placed in the self-cle for use on 3/5/13 by the Main Supervisor. Measures to prevent reoccur. The Maintenance Supervisor of monthly safety walkthrough the self-clude examination of the self-clude examination of the self-clude examination.	osing lid was moking area itenance rence; conducts a nat will oking area	3/5/13
	K 067 \$\$=D	Based on observat facility did comply w regulations. The finding included Observation on 2/19 there was no metal cover device into whim the smoking area. This finding was acknown and the exit conference during the exit conference of the conferenc	9/13 at 10:12 AM revealed container with self-closing nich ashtrays can be emptied . Chowledged by the period of the facility administrator.	Κo	67	for required equipment. Main repairs, or replacements will by the facility Maintenance Suneeded. Monitoring of Corrective Actions a means of Quality Assuran Maintenance Supervisor will refindings of smoking area inspetthe monthly safety committee	e facilitated pervisor as on: ce the eport ctions to	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01		G 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED		
445390			B. Wit	NG _	,	02/1	9/2013	
PICKET	PROVIDER OR SUPPLIER T CARE AND REHAB			1:	REET ADDRESS, CITY, STATE, ZIP CODE 29 HILLCREST DRIVE BYRDSTOWN, TN 38549			
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X6) COMPLETION DATE	
K 130 SS=D	with the provisions in accordance with specifications. 19.5.2.2 This STANDARD is Based on observation of accility was unable to pressure in required. The finding included door to the janitors did not have a self-of this finding was accommanded accordance directed during the exit conference of the pressure of the pre	of section 9.2 and are installed the manufacturer's 9.5.2.1, 9.2, NFPA 90A, s not met as evidenced by: ion, it was determined the maintain negative air d areas. d: 9/13 at 9:34 AM revealed the closet in the Hope House Hall closure device on it. knowledged by the or and the facility administrator erence on 2/19/13.	K 1	30	K 067 Corrective Actions for resident A self-closure device was instated Hope House Janitor's closet do Maintenance on 3/5/13. The confirmed to close to latch by Administrator on 3/5/13. Measures to prevent reoccurry The Maintenance Supervisor or monthly safety walkthrough the include examination of janitor doors for self-closure. Maintenance Supervisor will be by the facility Maintenance Supereded. Monitoring of Corrective Action As a means of Quality Assurance Maintenance Supervisor will refindings self-closing doors to the safety committee.	lled on the por by device was the ence: anducts a at will closet nance, a facilitated pervisor as en: e the port	3/8/13	
	National Fire Protect Standard for the Sto Compressed and Lic Cylinders 6-6 Securing Cylinds Compressed or lique	efied gas cylinders in use or ecured to prevent them from						

STATEMEN	IT OF DEFICIENCIES	(X4) DEOLORDED MALERIA				OMB NO	<u>. 0938-03</u> 9	
AND PLAN OF CORRECTION		A STATE OF THE PROPERTY OF THE		(X2) MULTIPLE CONSTRUCTION A BUILDING 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED		
445390		445390	8. Wii	NG	· · · · · · · · · · · · · · · · · · ·	02/1	19/2013	
PICKET	PROVIDER OR SUPPLIER T CARE AND REHABI		<u> </u>	129 H	ADDRESS, CITY, STATE, ZIP CODE HILLCREST DRIVE DSTOWN, TN 38549	1	8/ £U 13	
(X4) ID PREFIX TAG) (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	CULO BE	(X5) COMPLETION DATE	
	Exception No. 1: Country the process of example refilling. Exception No. 2: All distributors warehing the permitted to the NFPA 101 Life Safe 8.2.3.2.4 Penetration Openings in Fire Barbard Salar movement shawith 9.2.1. 8.2.3.2.4.2* Pipes, conduits, bus ducts, pneumatic tube building service equiparriers shall be protected by the fire barrier shall reconditions: a. It shall be filled word maintaining the fire barbard for the penetrate the fire barbard for the penetrate the fire barbard for the following conditions: a. It shall be filled word fire the penetrate the fire barbard for the following conditions: b. It shall be filled word fire following conditions: a. It shall be filled word fire following conditions: b. It shall be filled word fire following conditions: a. It shall be filled word fire following conditions: b. It shall be filled word fire following conditions: a. It shall be filled word fire following conditions: b. It shall be filled word fire following conditions: c. It shall be protected for the following conditions: c. It shall be protected for the following conditions: c. It shall be protected for the following conditions:	compressed gas cylinders in nination, servicing, and cylinder-filling plants and cuses, the nesting of cylinders is secure cylinders. Ity Code is and Miscellaneous rriers. Iters for air-handling ductwork ill be protected in accordance ducts, cables, wires, air present that pass through fire ected as follows: Iter and ducts, and similar pment that pass through fire ected as follows: Iter the penetrating item and meet one of the following with a material that is capable as resistance of the fire the specific purpose, rating item uses a sleeve to ofter, the sleeve shall be parrier, and the space of the sleeve shall meet one thous: Ith a material that is capable of the sleeve shall meet one thous: Ith a material that is capable of the sleeve shall meet one thous: Ith a material that is capable of the sleeve of the fire ed by an approved device e	K		K130 Corrective Actions for resident The old caulking as mentioned was removed by the Maintena Supervisor and replaced with a fire rated caulking on 3/6/13 a finding was corrected. Identification of residents with to be affected: On 3/6/13 the Maintenance Supervisor was a finding was corrected. Measures to prevent reoccurrected in the Maintenance Supervisor was emilannual checks of the conditate firewalls. These checks will and examination of the caulking continued compliance. In additate Maintenance Supervisor will construction checks should out wendors be contracted for labor assignments that potentially invendors because of the contractions are contracted for labor assignments that potentially invendors because of the contraction of the contrac	In the 2567 nce upproved nd the n potential pervisor lking with ence: ill conduct lition of include g to ensure ion, nduct post side related volves rewalls. n: e the port uent to	3/6/13	

AMD PLAN OF CORRECTION A SUILDING A SUILDING B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 129 HILLCREST DRIVE BYRDSTOWN, TN 38549 CROSS-REFERENCED TO THE APPROPRIATE EACH DEFICIENCY MUST BE PRECEDED BY PULL RESULATORY OR LISC IDENTIFYING INFORMATION) K 130 Continued From page 4 shall not pass through the fire barrier unless one of the following conditions is mel: a. The material shall be capable of maintaining the fire resistance of the fire barrier. b. The material shall be protected by an approved device that is designed for the specific purpose. (4) Where designs take transmission of vibration into consideration, any vibration isolation shall meet one of the following conditions: a. It shall be made by an approved device that is designed for the specific purpose. Based on observations, it was determined the facility failed to comply with the Life Safety Code and National Fire Protection Association 55. WIND CONTRIBUCTION STREET ADDRESS, CITY, STATE, ZIP CODE 129 HILLCREST DRIVE BYRDSTOWN, TN 38549 (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE CROSS-RE	STATEMEN	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIED/CLIA			OMB N				
MAME OF PROVIDER OR SUPPLIER PICKETT CARE AND REHABILITATION CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL RESULATORY OR LSG IDENTIFYING INFORMATION) K 130 Continued From page 4 shall not pass through the fire barrier unless one of the following conditions is met: a. The material shall be protected by an approved device that is designed for the specific purpose. (4) Where designs take transmission of vibration into consideration, any vibration isolation shall meet one of the following conditions: a. It shall be made by an approved device that is designed for the specific purpose. Based on observations, it was determined the facility falled to comply with the Life Safety Code and National Fire Protection Association 55. SIRRET ADDRESS, CITY, STATE, ZIP CODE 129 HILLCREST DRIVE BYRDSTOWN, TN 38549 STAGE TADDRESS, CITY, STATE, ZIP CODE 129 HILLCREST DRIVE BYRDSTOWN, TN 38549 STAGE HILLCREST DRIVE BYRDSTOWN, TN 38549 SIRRET ADDRESS, CITY, STATE, ZIP CODE 129 HILLCREST DRIVE BYRDSTOWN, TN 38549 SUPPLIED TOWN, TN 38549 FROUDERS PLAN OF CORRECTION (CAP) FROUDING ACTUAL PROPORTIATE DEFICIENCY TAGE SUPPLIED TOWN, TN 38549 FROUDING CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) K 130 Continued From page 4 Shall not page 4 Corrective Actions for residents affected: The helium tank sited on the 2567 was resecured on 2/19/13 by the Maintenance Supervisor as a means of correction. Identification of residents with potential to be affected: A paddle-lock was installed to the chain that secures the tank on 2/19/13 by the Maintenance Supervisor. Moreover, Activities Staff (those responsible for the helium (ank) were inserviced on the requirement for tank security by the Maintenance Supervisor on 2/19/13. Measures to greyent rengular and National Fire Protection Association 55.	AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:						
PICKETT CARE AND REHABILITATION CENTER SIREET ADDRESS, CITY, STATE, ZIP CODE 129 HILLCREST DRIVE BYRDSTOWN, TN 38549 (EACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSG IDENTIFYING INFORMATION) K 130 Continued From page 4 shall not pass through the fire barrier unless one of the following conditions is met: a. The material shall be capable of maintaining the fire resistance of the fire barrier. b. The material shall be protected by an approved device that is designed for the specific purpose. (4) Where designs take transmission of vibration into consideration, any vibration isolation shall meet one of the following conditions: a. It shall be made on either side of the fire barrier. b. It shall be made by an approved device that is designed for the specific purpose. Based on observations, it was determined the facility failed to comply with the Life Safety Code and National Fire Protection Association 55.			445390	B, WII	NG				
REGULATORY OR LSG IDENTIFYING INFORMATION PREFIX TAG REGULATORY OR LSG IDENTIFYING INFORMATION REGULATORY OR LSG IDENTIFYING INFORMATION REGULATORY OR LSG IDENTIFYING INFORMATION REGULATORY OR LSG IDENTIFYING INFORMATION REGULATORY OR LSG IDENTIFYING INFORMATION REGULATORY OR LSG IDENTIFYING INFORMATION REGULATORY OR LSG IDENTIFYING INFORMATION REGULATORY OR LSG IDENTIFYING INFORMATION REGULATORY OR LSG IDENTIFYING	PICKET	T CARE AND REHABI	_		129	HILLCREST DRIVE		19/2013	
K 130 Continued From page 4 shall not pass through the fire barrier unless one of the following conditions is met: a. The material shall be capable of maintaining the fire resistance of the fire barrier. b. The material shall be protected by an approved device that is designed for the specific purpose. (4) Where designs take transmission of vibration into consideration, any vibration isolation shall meet one of the following conditions: a. It shall be made on either side of the fire barrier. b. It shall be made by an approved device that is designed for the specific purpose. Based on observations, it was determined the facility failed to comply with the Life Safety Code and National Fire Protection Association 55. K 130 Corrective Actions for residents affected: The helium tank sited on the 2567 was resecuted on 2/19/13 by the Maintenance Supervisor as a means of correction. Identification of residents with potential to be affected: A paddle-lock was installed to the chain that secures the tank on 2/19/13 by the Maintenance Supervisor to prevent any incident of non-compliance. Removal or transfer of the tank will require notification of the Maintenance Supervisor. Moreover, Activities Staff (those responsible for the helium tank) were inserviced on the requirement for tank security by the Maintenance Supervisor on 2/19/13. Measures to prevent represent representations of the Supervisor as a means of correction. Identification of residents with potential to be affected: A paddle-lock was installed to the chain that secures the tank on 2/19/13 by the Maintenance Supervisor to prevent any incident of non-compliance. Removal or transfer of the tank will require notification of the Maintenance Supervisor. Moreover, Activities Staff (those responsible for the helium tank) were inserviced on the requirement for tank security by the Maintenance Supervisor on 2/19/13.	PREFIX	I (EACH DEFICIENCY	(MUST RE PRECEDED by comp	PREF		(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API	OULD BE	(X6) COMPLETION DATE	
The findings included: 1. Observation on 2/19/13 at 10:09 AM revealed a helium tank in the activities closet in the dining room was unsecured. 2. Observation on 2/19/13 at 10:29 AM revealed penetrations in the fire walls and penetrations sealed with products other than fire rated caulk in the following locations: Fire wall leading to Hope House corridor, Fire wall leading to Harmony House corridor, and Firewall leading to Have House corridor, and Firewall teading to Have maintenance director and the facility administrator during the exit conference on 2/19/13. K 147 K 147 The Maintenance Supervisor conducts a monthly safety walkthrough that will include examination of helium tank to insure that the tank is secure. As already mentioned, Activities staff have been trained by the Maintenance Supervisor that the Helium tank must be secured to the wall at all times. They have been asked to notify the Maintenance supervisor for correction in needed. Monitoring of Corrective Action: As a means of Quality Assurance the Maintenance Supervisor will report findings of monthly walk through which will include gas tank security to the monthly safety committee.	K 147	shall not pass through the following contains the fire resistance of the fire purpose. (4) Where designs into consideration, a meet one of the folion a. It shall be made barrier. b. It shall be made is designed for the sist designed fo	igh the fire barrier unless one ditions is met: iall be capable of maintaining if the fire barrier. all be protected by an at is designed for the specific take transmission of vibration any vibration isolation shall owing conditions: on either side of the fire by an approved device that specific purpose. Ins., it was determined the oly with the Life Safety Code otection Association 55. Ind: 19/13 at 10:09 AM revealed a divities closet in the dining divities closet in the dining divities and penetrations other than fire rated caulk in its: Fire wall leading to Hope wall leading to Harmony Firewall leading to Have acknowledged by the and the facility administrator rence on 2/19/13.			Corrective Actions for resider The helium tank sited on the secured on 2/19/13 by the Missupervisor as a means of correldentification of residents wit to be affected: A paddle-lock was installed to that secures the tank on 2/19, Maintenance Supervisor to princident of non-compliance. Fixansfer of the tank will requir notification of the Maintenance Supervisor. Moreover, Activitic (those responsible for the heliwere inserviced on the require tank security by the Maintenance Supervisor on 2/19/13. Measures to prevent reoccurr. The Maintenance Supervisor or monthly safety walkthrough thinclude examination of helium insure that the tank is secure. The mentioned, Activities staff hav trained by the Maintenance Suthat the Helium tank must be start the Helium tank must be start the Helium tank must be start all times. They have asked to notify the Maintenance Supervisor for correction in new Monitoring of Corrective Action As a means of Quality Assurance Maintenance Supervisor will refindings of monthly walk through will include gas tank security to the maintenance supervisor will refinding the monthly walk through the means of Quality Assurance findings of monthly walk through the means of Quality Assurance will include gas tank security to will include gas tank security to the means of Quality Assurance will include gas tank security to the means of Quality Assurance will include gas tank security to the means of Quality Assurance will include gas tank security to the means of Quality Assurance will include gas tank security to the means of Quality Assurance will include gas tank security to the means of Quality Assurance will include gas tank security to the means of Quality Assurance will refer the means of Quality Assura	2567 was re- pintenance ection. th potential the chain (13 by the event any lemoval or e es Staff um tank) ment for nce ence: onducts a lat will tank to As already e been pervisor ecured to e been ce eded. in: ee the port gh which	2/9/13	

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

ANO PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION	(X3) DATE S	
			A. BUILDING	9 01 - MAIN BUILDING 01	- Joint	~·~µ
MANE CE :	PROVIDER OR SUPPLIER	445390	B. WING		02/1	19/2013
	SUMMARY ST.	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	12	GET ADDRESS, CITY, STATE, ZIP COD 29 HILLCREST DRIVE YRDSTOWN, TN 38549 PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	RECTION SHOULD BE	(X5) COMPLETION DATE
K 147	Electrical wiring an with NFPA 70, Nat This STANDARD is Based on observational facility failed to ensimal maintained in according facility failed to ensimal maintained in according facility failed to ensimal maintained in according to ensure facility failed in according to the finding included to be servation on 2/1: 0xygen concentrator facility failed in the finding was according to the finding to the finding was acco	d equipment is in accordance tional Electrical Code. 9.1.2 is not met as evidenced by: tion, it was determined the ure electrical equipment is related with NFPA 70. d: 9/13 at 9:54 AM revealed an or plugged into a power strip in knowledged by the the per and the facility administrator.	K 147	Corrective Actions for residents of the extension power cord with a concentrator and plugged displayed by the Maintenant upon the finding on 2/19/13 identification of residents with the affected: The Maintenance Supervisor walk through to insure that concentrator was plug into a power strip on 2/19/13 with findings. Measures to prevent reoccument the Maintenance Supervisor instruction for the Respirator regarding the prohibition of for oxygen concentrators on Training for all nursing staff conducted for on 3/8/13 regional prohibition of power cords for concentrators by the Mainten Supervisor. In addition, regulate mounding will include o oxygen concentrators to concentrators to concentrators to concentrators of Corrective Act As a means of Quality Assuration of Power cords for the Maintenance of Corrective Act As a means of Quality Assuration of Corrective Ac	vas removed Oxygen lirectly into a ce Supervisor 3. with potential r conducted a no other an extension into other wrence: r provided ry Therapist power cords 2/19/13. will be arding the or oxygen nance lar nursing bservation of firm proper ections made clon: nce the rt the	3/8/13